



PATENT  
Atty. Docket No. BIT-001  
(1538/47)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANT: Perls *et al.*

U.S. PATENT NO.: 6,673,546

SERIAL NO.: 09/928,102

ISSUE DATE: January 6, 2004

FILING DATE: August 10, 2001

TITLE: Genetic Loci Indicative of Propensity for Longevity and Methods For Identifying Propensity for Age-Related Disease

**REQUEST FOR CERTIFICATE OF CORRECTION**  
**UNDER 35 U.S.C. § 255 and 37 C.F.R. §1.323**

Attention: Certificate of Corrections Branch  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450.

**Certificate**

**FEB 10 2004**

**of Correction**

Dear Sir:

The Assignees of record in the above-referenced patent, The Children's Medical Center Corporation and The Beth Israel Deaconess Medical Center, hereby request that a Certificate of Correction be issued for U.S. Patent No. 6,673,546 under 35 U.S.C. § 255 and 37 C.F.R. § 1.323. In each of claims 4-8, "step (b)" should be deleted and replaced with --step (a)--. The Assignees request that this error be corrected through issuance of a Certificate of Correction.

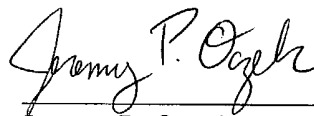
A Certificate of Correction (PTO/SB/44 form) is attached in duplicate correcting this typographical error. The Assignees respectfully submit that the typographical error was inadvertent, occurred in good faith, and is correctable pursuant to 37 C.F.R. §1.323. Accordingly, the Assignees urge the Commissioner to issue a Certificate of Correction for United States Patent No. 6,673,546 reflecting the correction as it appears on the enclosed PTO/SB/44 form.

Request For Certificate Of Correction Under 35 U.S.C. § 255 and 37 C.F.R. §1.323  
Assignees: The Children's Medical Center Corporation  
and The Beth Israel Deaconess Medical Center  
U.S. Patent No.: 6,673,546  
Page 2 of 2

Enclosed is the fee of \$100.00 due under 37 C.F.R. §1.20(a). No additional fees are believed to be due; however, if any additional fees are due, the Commissioner is hereby authorized to charge them to Deposit Account No. 20-0531.

If there are any questions regarding this matter, the Patent Office is kindly requested to contact the undersigned at the telephone number identified below.

Respectfully submitted,



Jeremy P. Occek  
Attorney for Assignees  
Testa, Hurwitz & Thibeault, LLP  
High Street Tower  
125 High Street  
Boston, MA 02110

Dated: February 3, 2004  
Registration No. 50,794  
Tel.: (617) 310-8158  
Fax.: (617) 248-7100



*pepe*

PATENT  
Attorney Docket No. BIT-001

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANT(S): Perls *et al.*  
PATENT NO. 6,673,546 SERIAL NO.: 09/928,102  
ISSUE DATE January 6, 2004 FILING DATE: August 10, 2001  
TITLE: Genetic Loci Indicative of Propensity for Longevity and Methods for  
Identifying Propensity for Age-Related Disease

**CERTIFICATE OF FIRST CLASS MAILING UNDER 37 C.F.R. 1.8**

I hereby certify that this correspondence, and any document(s) referred to as enclosed herein, is/are being deposited with the United States Postal Service as first class mail, postage prepaid, in an envelope addressed to the Certificate of Correction Branch, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on this 3<sup>rd</sup> day of February, 2004.

*Heather Morgan*  
Heather Morgan

Certificate of Correction Branch  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

Submitted herewith is/are:

1. Transmittal Form (1 pg.);
2. Fee Transmittal (1 pg.);
3. A check in the amount of \$100.00;
4. Request for Certificate of Correction Under 35 U.S.C. § 254 (2 pgs.);
5. Two copies of the Certificate of Correction (2 pgs.); and
6. Return receipt postcard.



# TRANSMITTAL FORM

Patent No.	6,673,546
Issue Date	January 6, 2004
Application Serial Number	09/928,102
Filing Date	August 10, 2001
First Named Inventor	Perls
Attorney Docket No.	BIT-001

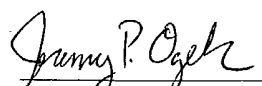
## ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Check Attached <input type="checkbox"/> Copy of Fee Transmittal Form	<input type="checkbox"/> Copy of Notice to File Missing Parts of Application	<input type="checkbox"/> Notice of Appeal to Board of Patent Appeals and Interferences
<input type="checkbox"/> Amendment/Response <input type="checkbox"/> Preliminary <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Letter to Official Draftsperson including Drawings [Total Sheets ____]	<input type="checkbox"/> Formal Drawing(s)	<input type="checkbox"/> Appeal Brief (in triplicate)
<input type="checkbox"/> Petition for Extension of Time	<input type="checkbox"/> Request For Continued Examination (RCE) Transmittal	<input type="checkbox"/> Status Inquiry
<input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Form PTO-1449 <input type="checkbox"/> Copies of IDS Citations	<input type="checkbox"/> Power of Attorney (Revocation of Prior Powers)	<input checked="" type="checkbox"/> Return Receipt Postcard
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Certificate of First Class Mailing under 37 C.F.R. 1.8
<input type="checkbox"/> Sequence Listing submission <input type="checkbox"/> Paper Copy/CD <input type="checkbox"/> Computer Readable Copy <input type="checkbox"/> Statement verifying identity of above	<input type="checkbox"/> Executed Declaration and Power of Attorney for Utility or Design Patent Application	<input type="checkbox"/> Certificate of Facsimile Transmission under 37 C.F.R. 1.8
	<input type="checkbox"/> Small Entity Statement	<input type="checkbox"/> Additional Enclosure(s) (please identify below)
	<input type="checkbox"/> CD(s) for large table or computer program	
	<input type="checkbox"/> Amendment After Allowance	
	<input checked="" type="checkbox"/> Request for Certificate of Correction <input checked="" type="checkbox"/> Certificate of Correction (in duplicate)	

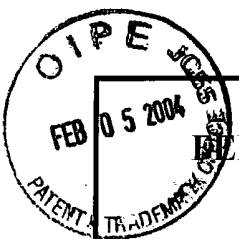
## CORRESPONDENCE ADDRESS

Direct all correspondence to: Patent Administrator  
Testa, Hurwitz & Thibault, LLP  
High Street Tower  
125 High Street  
Boston, MA 02110  
Tel. No.: (617) 248-7000  
Fax No.: (617) 248-7100

## SIGNATURE BLOCK

Respectfully submitted,  
  
Jeremy P. Occek  
Atty/Agent for Applicant(s)  
Testa, Hurwitz & Thibault, LLP  
High Street Tower  
125 High Street  
Boston, MA 02110

Date: February 3, 2004  
Reg. No. 50,794  
Tel. No.: (617) 310-8158  
Fax No.: (617) 248-7100



**FILE TRANSMITTAL**  
**FY 2003**

Complete if Known	
Patent No.	6,673,546
Issue Date	January 6, 2004
Application Serial Number	09/928,102
Filing Date	August 10, 2001
First Named Inventor	Perls
Attorney Docket No.	BIT-001

11 FEB 2004

METHOD OF PAYMENT				FEE CALCULATION (continued)																																						
<b>1. <input checked="" type="checkbox"/> Payment Enclosed:</b> <input checked="" type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Other				<b>3. ADDITIONAL FEES</b>																																						
<b>2. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to credit or charge any fee indicated below for this submission to Deposit Account No. 20-0531.</b> <input type="checkbox"/> Required Fees (copy of this sheet enclosed). <input checked="" type="checkbox"/> Additional fee required under 37 CFR 1.16 and 1.17. <input type="checkbox"/> Overpayment Credit.																																										
<b>3. <input checked="" type="checkbox"/> Applicant claims small entity status.</b>																																										
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<table border="1"><thead><tr><th>Claims Remaining After Amend.</th><th>Highest No. Previously Paid For</th><th>Present Extra</th><th>Rate</th><th>Fee Paid</th></tr></thead><tbody><tr><td>Total</td><td>-</td><td>=</td><td>x \$ 18.00 =</td><td></td></tr><tr><td>Indep.</td><td>-</td><td>=</td><td>x \$ 84.00 =</td><td></td></tr><tr><td colspan="3"><input type="checkbox"/> First Presentation of Multiple Dep. Claim</td><td>+ \$280.00 =</td><td></td></tr><tr><td colspan="3">TOTAL:</td><td>(\$)</td><td></td></tr><tr><td colspan="3">SMALL ENTITY DISCOUNT:</td><td>(\$)</td><td></td></tr><tr><td colspan="3">SUBTOTAL (2)</td><td>(\$)</td><td></td></tr></tbody></table>				Claims Remaining After Amend.	Highest No. Previously Paid For	Present Extra	Rate	Fee Paid	Total	-	=	x \$ 18.00 =		Indep.	-	=	x \$ 84.00 =		<input type="checkbox"/> First Presentation of Multiple Dep. Claim			+ \$280.00 =		TOTAL:			(\$)		SMALL ENTITY DISCOUNT:			(\$)		SUBTOTAL (2)			(\$)					
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Direct all correspondence to: Patent Administrator Testa, Hurwitz & Thibault, LLP High Street Tower-125 High Street Boston, MA 02110 Tel. No.: (617) 248-7000 Fax No.: (617) 248-7100				Respectfully submitted,  Jeremy P. Oczek Attorney for the Applicants Testa, Hurwitz & Thibault, LLP High Street Tower-125 High Street Boston, MA 02110 Date: February 3, 2004 Reg. No.: 50,794 Tel. No.: (617) 310-8158 Fax No.: (617) 248-7100																																						

UNITED STATES PATENT AND TRADEMARK OFFICE  
**CERTIFICATE OF CORRECTION**

11 FEB 2004

PATENT NO. : 6,673,546  
DATED : January 6, 2004  
INVENTOR(S) : Perls *et al.*

It is certified that error appears in the above-identified patent and that said Letters Patent is hereby corrected as shown below:

In claim 4 at column 8, line 25, please delete "step (b)" and insert therefor --step (a)--.

In claim 5 at column 8, line 29, please delete "step (b)" and insert therefor --step (a)--.

In claim 6 at column 8, line 33, please delete "step (b)" and insert therefor --step (a)--.

In claim 7 at column 8, line 37, please delete "step (b)" and insert therefor --step (a)--.

In claim 8 at column 8, line 41, please delete "step (b)" and insert therefor --step (a)--.

MAILING ADDRESS OF SENDER: Patent Administrator  
Testa Hurwitz & Thibault, LLP  
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9002 833 1 1  
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